Dupilumab Treatment Results in Rapid Improvement in Itch in Adult and Adolescent Patients With Moderate-to-Severe Atopic Dermatitis (LIBERTY AD SOLO 1 and 2 and ADOL trials)

Gil Yosipovitch\textsuperscript{1}, Chih-ho Hong\textsuperscript{2,3}, Eric L. Simpson\textsuperscript{4}, Laurent Eckert\textsuperscript{5}, Zhen Chen\textsuperscript{6}, Paola Mina-Osorio\textsuperscript{7}, Abhijit Gadkari\textsuperscript{8}

\textsuperscript{1}University of Miami, Miami, FL, USA; \textsuperscript{2}University of British Columbia, Surrey, BC, Canada; \textsuperscript{3}Probity Medical Research, Waterloo, ON, Canada; \textsuperscript{4}Oregon Health and Science University, Portland, OR, USA; \textsuperscript{5}Sanofi, Chilly-Mazarin, France; \textsuperscript{6}Regeneron Pharmaceuticals, Inc., Tarrytown, NY, USA

\textbf{RESULTS}

**Efficacy**

- **Table 2** shows the primary and secondary efficacy endpoints at Week 16 for adolescents (± SE).
- **Baseline characteristics** were comparable among treatment groups in Table 1.
- **Adolescents** had similarly higher AD severity than adults, as assessed by ADLQ (mean ± SD) and SCORAD (mean ± SD) scores.
- **Day 15** in adults, LS mean percent change from baseline was −25.7 (2.2) for placebo, −22.2 (3.0) for placebo, and −25.2 (2.8) for placebo. For adolescents, changes were −25.3 (3.0) for placebo, −22.3 (3.4) for placebo, and −25.0 (2.8) for placebo.
- **Adolescents** had a higher proportion of patients achieving ≥3-point improvement from baseline through Day 15 in adults and adolescents.

**Safety**

- **Table 3** shows the treatment-related adverse events (≥1% and different from placebo).
- **Adolescents** did not differ from adults in terms of serious treatment-related AEs.

**Conclusions**

- Dupilumab (q2w approved dose) resulted in rapid and significant improvement in itching and AD severity in adults and adolescents with moderate-to-severe AD. A higher proportion of patients in the dupilumab q2w group showed a clinically meaningful response (≥3-point improvement from baseline) through Day 15 in adults and adolescents. Making values were used in the last observation carried forward method.

Acknowledgments

Research sponsored by Sanofi and Regeneron Pharmaceuticals, Inc. Disclosures

Vasquez \textsuperscript{a} and Liu \textsuperscript{b}, Lotz \textsuperscript{b}, Menon \textsuperscript{b}, Neubauer \textsuperscript{b}, Regeneron-AbbVie \textsuperscript{b}; \textsuperscript{a}Division of Dermatology, University of California, Los Angeles, CA, USA; \textsuperscript{b}AbbVie, Inc., North Chicago, IL, USA. Lotz disclosed research funding from AbbVie, GSK, Janssen, LEO Pharma, Merck, Novartis, Regeneron and sanofi-aventis; and consultation from AbbVie, Janssen, Novartis and sanofi-aventis. Menon disclosed research funding from Janssen, sanofi-aventis, and travel grants from AbbVie, Janssen, Novartis, Regeneron, and sanofi-aventis. Neubauer disclosed research funding from GSK; and travel grants from Janssen, sanofi-aventis, Regeneron, and sanofi-aventis. Liu disclosed research funding from AbbVie, Janssen, Novartis, Regeneron, sanofi-aventis, and travel grants from AbbVie, Janssen, Novartis, Regeneron, sanofi-aventis, and sanofi-aventis. Lotz, Liu, and Neubauer are employees of AbbVie, Inc. Vasquez, Lotz, Liu, Neubauer, and Neubauer are employees of AbbVie, Inc. and share stock ownership in the company. Dual, Mike-O-Nike \textsuperscript{b} is employed at Regeneron Pharmaceuticals, Inc. – employee and shareholders.